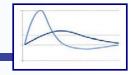
# **Practical Use of the Glycemic Index**

#### Introduction

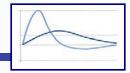
#### Let's discuss:

- Glycemic Index
- Glycemic Load
- Health Benefits
- What to Eat
- Case Study
- Hands-on Activities

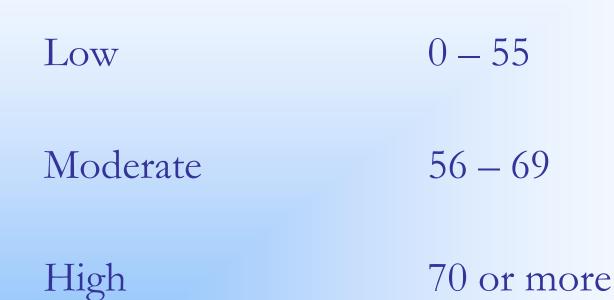


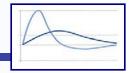
#### What is the glycemic index?

A scale that ranks carbohydrates by how much they raise blood glucose levels compared to a reference food.



#### **Glycemic Index (GI): Ranking**



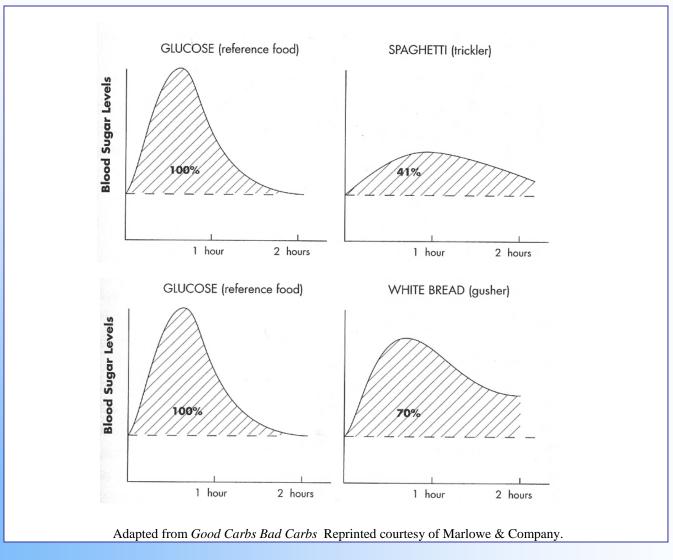


# **Glycemic Index (GI): Protocol**

- 1. 25 or 50 grams carbohydrate of test food. 2. Blood samples taken: 1<sup>st</sup> hour: every 15 minutes 2<sup>nd</sup> hour: every 30 minutes 3<sup>rd</sup> hour: every 30 minutes \* 3. Values plotted; AUC calculated. 4. Test food response compared to reference food response.
  - 5. Average GI of 8-10 volunteers = GI of test food.



# **Glycemic Index (GI): Sample Graphs**





• Type of starch



## **Type of Starch**

#### Amylose

- Absorbs *less* water
- Molecules form *tight clumps*
- Slower rate of digestion

#### Lower GI

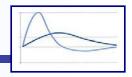
Kidney beans (28) Uncle Ben's converted LG rice (50)

#### Amylopectin

- Absorbs *more* water
- Molecules are more open
- Faster rate of digestion

#### Higher GI

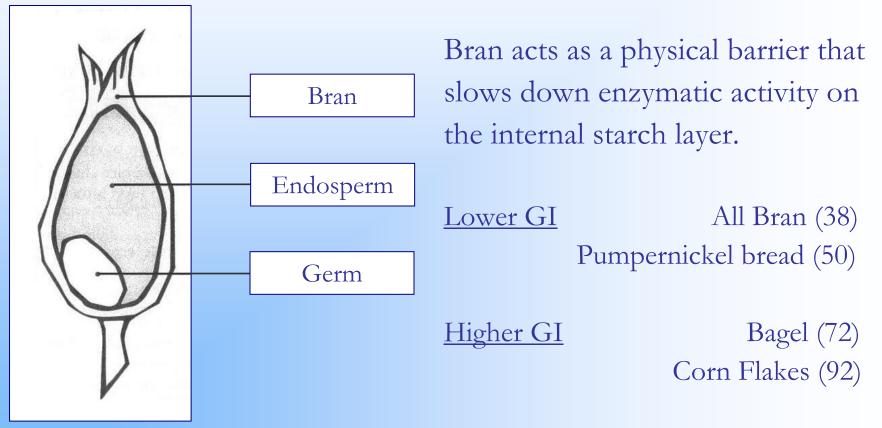
Russet potato (85) Glutinous rice (98)



- Type of starch
- Physical entrapment



#### **Physical Entrapment**





- Type of starch
- Physical entrapment
- Viscosity of fiber



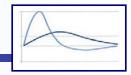
## Viscosity of Fiber

Viscous, soluble fibers transform intestinal contents into gel-like matter that slows down enzymatic activity on starch.

Lower GI

Higher GI

Apple (40) Rolled oats (51) Whole wheat bread (73) Cheerios (74)



- Type of starch
- Physical entrapment
- Viscosity of fiber
- Sugar content



Sugar Content

 $sugar \Rightarrow sucrose \Rightarrow glucose + fructose$   $(GI 60) \quad (GI 100) \quad (GI 19)$   $starch \Rightarrow maltose \Rightarrow glucose + glucose$   $(GI 105) \quad (GI 100) \quad (GI 100)$ 

Lower GI

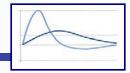
#### Higher GI

Frosted Flakes (55) Raisin Bran (61)

Golden Grahams (71) Rice Krispies (82)



- Type of starch
- Physical entrapment
- Viscosity of fiber
- Sugar content
- Fat and protein content



#### Fat & Protein Content

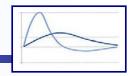
Fat and protein slow down gastric emptying, and thus, slows down digestion of starch.

Lower GI

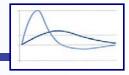
Higher GI

Peanut M&M's (33) Potato chips (54) Special K (69)

Jelly beans (78) Baked potato (85) Corn Flakes (92)



- Type of starch
- Physical entrapment
- Viscosity of fiber
- Sugar content
- Fat and protein content
- Acid content



#### Acid Content

Acid slows down gastric emptying, and thus, slows down the digestion of starch.

Lower GI

Higher GI

Sourdough wheat bread (54)

Wonder white bread (73)



- Type of starch
- Physical entrapment
- Viscosity of fiber
- Sugar content
- Fat and protein content
- Acid content
- Food processing

# **Food Processing**

Highly processed foods require less digestive processing.

Lower GI

Higher GI

Old fashioned, rolled oats (51)

Quick, 1-minute oats (66)



- Type of starch
- Physical entrapment
- Viscosity of fiber
- Sugar content
- Fat and protein content
- Acid content
- Food processing
- Cooking



# Cooking

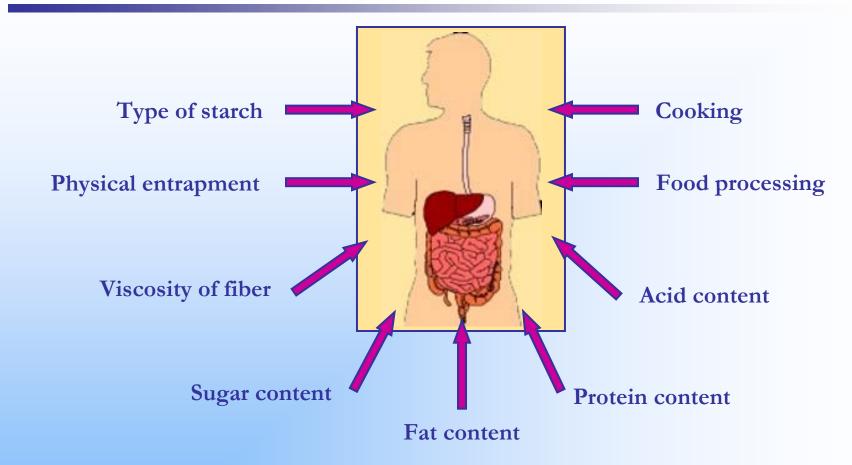
Cooking swells starch molecules and softens foods, which speeds up the rate of digestion.

Lower GI

Higher GI

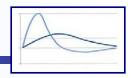
Al dente spaghetti – boiled 10 to 15 minutes (44) Over-cooked spaghetti – boiled 20 minutes (64)





*How does all this affect our glycemic levels?* 

How does all this make us feel after eating carbohydrate-containing foods?



## **Glycemic Load (GL): What does it mean?**

Glycemic load measures the degree of glycemic response and insulin demand produced by a specific amount of a specific food.

Glycemic load reflects both the quality and the quantity of dietary carbohydrates.

GL = GI/100 x CHO (grams) per serving

*Example: GL of an apple = 40/100 \times 15g = 6g* 



#### **Glycemic Load (GL): Calculation**

1/2 cup converted, LG rice	$38/100 \ge 22g = 8g$	
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 $1/2 \operatorname{cup} \operatorname{glutinous} \operatorname{rice} \qquad 98/100 \ge 29 \operatorname{g} = 28 \operatorname{g}$ 

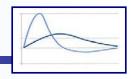
 $2 \frac{1}{4} \text{ Tbsp glutinous rice} \qquad 98/100 \text{ x } 8\text{g} = 8 \text{ g}$ 

1 2/3 cups converted, LG rice  $38/100 \times 73g = 28 \text{ g}$ 



# **Glycemic Load (GL): Ranking**

Individual food	l portion:	
L	OW	0-10
$\mathbf{N}$	[oderate	11-19
Н	ligh	20+
Whole day:		
L	ow	< 80
$\mathbf{M}$	loderate	100
H	ligh	> 120



#### GI vs. GL

Glycemic Index:ranks carbohydrates based on<br/>their immediate blood glucoseI = glycemic quality

**Glycemic Load:** 

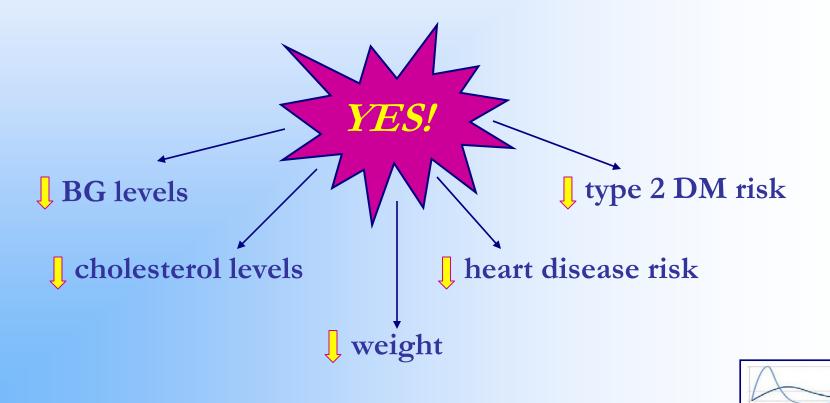
helps predict blood glucose response to specific amount of specific carbohydrate food.

\_ quality

**→** quantity

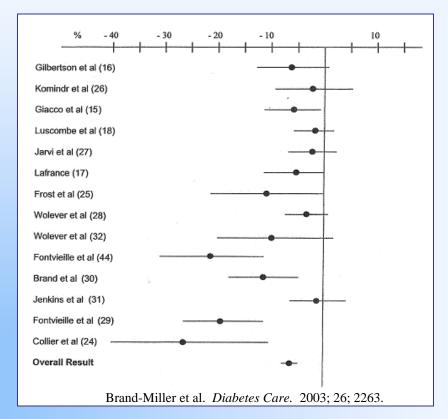
GL = glycemic





#### Low GI diet helps lower blood glucose levels.

Meta-analysis of 14 studies, 356 subjects (types 1 & 2 DM), 2-52 weeks duration



#### Mean difference

- 7.4% in glycated proteins *over & above* reduction from high GI diet.
- 0.43% points in HbA1c *over & above* reduction from high GI diet

 $\Delta$ 

Low GI diet helps lower blood glucose levels.

EURODIAB IDDM Complications Study, 1996 2,054 people, 15-60 y, with type 1 DM

	GI	HbA1c
Lowest quartile	58-78	6.04
Highest quartile	86-112	6.60



#### Low GI diet aids in weight control.

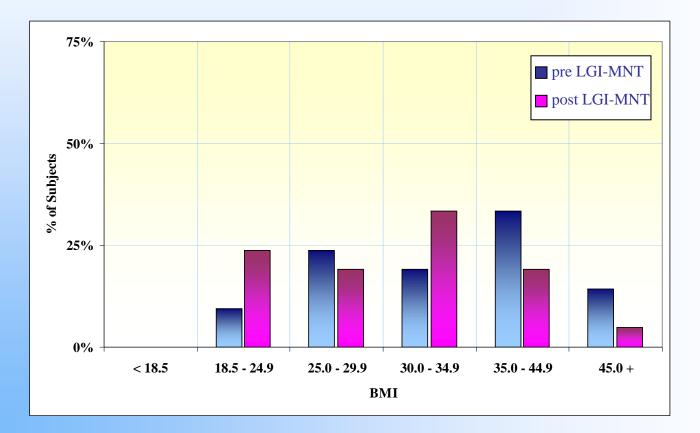
Nurses' Health Study, 1984-1996 74,091 women, 38-63 y

Calculated odds ratios (lowest > highest quintiles)

	BMI (≥30)	Major weight gain
	n = 6,400	(≥25kg) n = 657
Whole grains	-19%	-23%
Refined grains	+18%	+26%
Dietary fiber	-34%	-49%



#### Low GI diet aids in weight control. Post low GI MNT counseling, 21 subjects, 21-89 y, 3-36 mos.



Burani & Longo. Diabetes Educ. 2006; 32; 83.



#### Low GI diet decreases risk of diabetes.

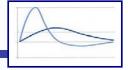
Nurses' Health Study, 1986-1992 65,173 US women 40-65 y, free of DM 6 year follow-up: 915 cases of type 2 DM

	Relative risk
Î GI	1.37
Î GL	1.47
î cereal fiber	0.72
	2.50
	Salmeron et al. JAMA. 1997: 277: 472

#### Low GI diet decreases risk of diabetes.

Health Professionals' Follow-up Study, 1986-1992 42,759 US men 40-75 y, free of DM 6 year follow-up: 523 cases of type 2 DM

	Relative risk
Ĵ GI	1.37
î cereal fiber	0.70
	2.17



Salmeron et al. Diabetes Care. 1997; 20; 245.

#### **What Should I Eat?**



http://www.mypyramid.gov



## What Should I Eat?

#### 2005 Dietary Guidelines

- Balance calories in with calories out.
- Eat balanced diet with variety of nutrient-dense foods and beverages.
- Consume 2 cups fruit, 2<sup>1</sup>/<sub>2</sub> cups vegetables per day. (2,000 calories intake)
- Choose whole grains for at least half of daily grain consumption.
- Consume 3 cups FF/LF milk or equivalent.
- Keep fat consumption 20-35% of daily calories. (mono & polyunsaturated)
- Consume less than 2300 mg sodium/day.
- Choose foods with little added sugar or caloric sweeteners.
- Drink alcohol in moderation.
- Practice food safety handling and preparing rules.

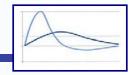


Do not focus exclusively on achieving a low glycemic load diet with all low glycemic index food choices.

Result could be:

high fat low carbohydrate low fiber calorically dense

Instead...

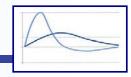


# A Better Idea

Aim for a well-balanced diet that includes low glycemic index carbohydrates. Use glycemic load as a guide for controlling portions.

#### Hint:

Low GI CHOs allow for larger portions, while regulating the GL. High GI CHOs require smaller portions to regulate the GL.

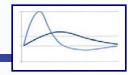




GI = 60 GL = 48



GI = 42 GL = 31

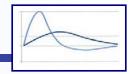




GI = 85 GL = 48



GI = 39 GL = 22

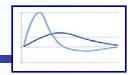




GI = 83 GL = 19



GI = 14 GL = 1

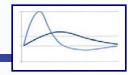




GI = 80 GL = 32



GI = 61 GL = 12

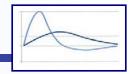




GI = 57 GL = 31



GI = 32 GL = 16



## Eat high-fiber breakfast cereals (oats, bran, barley)

### OR

Add berries, nuts, flaxseed and cinnamon to high GI cereals.



# Choose dense, *whole* grain and sourdough breads and crackers.

### OR

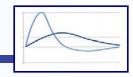
# Add a heart-healthy protein and/or condiment to high GI breads and crackers.



Include 5-9 servings of fruits and vegetables every day.

**O**R

No ifs, ands or buts – just do it! (Mom was right.)



# Replace white potatoes with yams or sweet potatoes.

### OR

Try canned new potatoes, or just eat smaller portion of high GI potatoes.



Eat less refined sugars and convenience foods (soda, sweets, desserts, etc.)

### OR

Combine nuts, fruit, yogurt, ice cream with commercial sweets – just watch portion sizes.



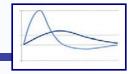
38 YO administrative assistant Married, no children Height: 5'7" Weight: 320 lbs. BMI: 50 (severe obesity) Type 2 DM since age 35 A1c: 6.3 (Glucophage 500 mg) BP: 148/90 (Altace 10 mg)



# **Case Study – Amy's** *Before* **Diet**

Breakfast:	toasted bagel with cream cheese, 16 oz. orange juice, large
	coffee with whole milk
Lunch:	6" roast beef & cheese sub sandwich w/ mayo, 20 oz. diet
	Pepsi
Snack:	("all afternoon long") 13 oz. bag Hershey miniature
	chocolate bars
Dinner:	$\frac{1}{2}$ box macaroni & cheese (made w/ 2% milk), 3 beef hot
	dogs on buns, water
Snack:	1 <sup>1</sup> / <sub>2</sub> cups ice cream

6250 Kcal: 43% CHO (666g), 11% PRO (173g), 46% fat (321g) GI = 57 (moderate) GL = 352 (very high)



# Case Study – Amy's After Diet

Breakfast:	2 slices 100% WW toast, 1 Tbsp natural, NSA peanut butter, 1 Tbsp all-fruit jelly, 1 cup fresh strawberries, large coffee w/ skim milk
Lunch:	4 oz. grilled chicken breast, large green salad with varied
Lunch.	+ 02. grinted enteken breast, large green salad with varied
	fresh vegetables & 2 Tbsp vinaigrette dressing, small boiled
	sweet potato, orange, diet iced tea
Snack:	6 oz. light yogurt, <sup>1</sup> / <sub>2</sub> cup cherries (frozen)
Dinner:	4 oz. grilled salmon w/ lemon juice, 1 cup pasta w/ 1 cup
	broccoli rabe, 1 Tbsp olive oil, water
Snack:	apple
2150 Kc	al: 47% CHO (251g), 19% PRO (104g), 34% fat (82g)

2150 Kcal: 47% CHO (251g), 19% PRO (104g), 34% fat (82g) GI = 39 (low) GL = 61 (low)



Case Study – "Amy"

#### 3 years later

Weight: 205 lbs BMI: 32 (mild obesity) A1c: 5.2 BP: 120/60, RHR 47 Medications: none.



### **Patient Empowerment Model**

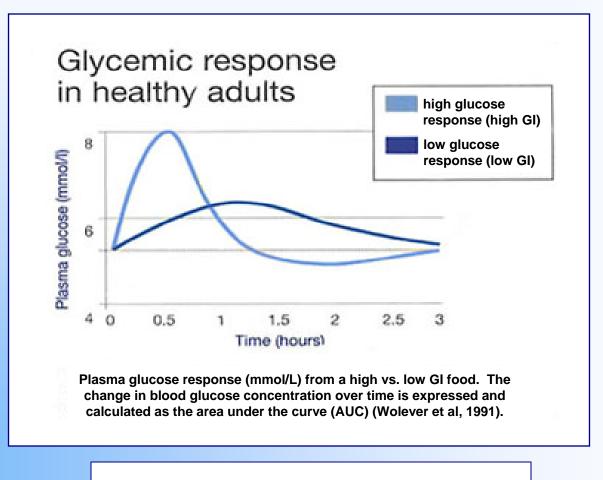
# The patient makes self-directed, informed decisions about personal behavioral changes.



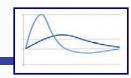
### **Practitioner's Empowerment Model**

The practitioner makes self-directed, informed decisions about professional educational changes.





www.glycemicindex.com





# **Thank You!**

